State of Maryland
Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Laura Herrera Scott, M.D., Acting Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

November 18, 2014

Maryland Advisory Council Members: Gerald Beemer, M. Sue Diehl, Vice Chair; Mike Finkle, Joshana Goga, Dennis McDowell, Joanne Meekins, Livia Pazourek, Robert M. Pender, Charles Reifsnider, John Turner

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Sarah Burns, Chair; Michele Forzley, Edwin C. Oliver, John Scharf, Anita Solomon, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: Robert Anderson, Naomi Booker, Chicquita Crawford, Herb Cromwell, Jan Desper, Nancy Feeley, Dayna Harris for William Manahan, Jessica Honke for Kate Farinholt, Dan Martin, Alexis Moss, Ebele Onwueme, Cynthia Petion, Jacqueline Powell, Crista Taylor for R. Terence Farrell, Phoenix Woody

PL 102-321 Council Members Absent: Lynn Albizo, T.E. Arthur, Coordinator; Anne Blackfield, Michael Bluestone, Eugenia W. Conolly, Vira Froehlinger, Ann Geddes, A. Scott Gibson, Julie Jerscheid, Sharon Lipford, George Lipman, Linda Raines, Sheryl Sparer, Michelle Stewart, Kathleen Ward

BHA Staff Present: Lisa Hadley, Robin Poponne, Iris Reeves, Brandee Izquierdo, Greta Carter

Guests and Others:
Zereana Jess – Huff, ValueOptions®Maryland;

INTRODUCTIONS/ADOPTION OF MINUTES:
The meeting was called to order by Council Vice Chair, Sue Diehl. Attendees introduced themselves. The draft minutes of the October 21, 2014 meeting were approved. Please note that the approved minutes will be posted on the Behavioral Health Administration's (BHA) Web site at http://bha.dhmh.maryland.gov/. The Maryland Advisory Council's webpage on BHA's website is listed on the homepage under "Welcome to the Behavioral Health Administration" under "Mental Health Council".

ANNOUNCEMENTS:

- Cynthia Petion announced that December 9-11 – The Substance Abuse and Mental Health Services Administration (SAMHSA's) will conduct a monitoring site visit for the federal Community Mental Health Block Grant (MHBG). This visit is part of a rotation round of reviews conducted in all states that receive the MHBG. Maryland usually receives a monitoring visit every 3-5 years. The general purpose of the visit is to monitor the expenditure of the MHBG funds and to evaluate the State's compliance with the agreements required within the program. One of the days will include a presentation of an overview of system and its strengths, challenges and staff interviews. During the morning of December 10, the monitoring team will meet with Council members, mostly Planning Committee members, and in the afternoon with consumer and family members. Also on the second day, monitors will attend a presentation on RAISE, the First Episode/Early Intervention Program and the use of the 5% MHBG for expansion of RAISE. The third day is the exit conference and will include a summary and presentation of findings and recommendations. The Behavioral Health Administration (BHA) thanks all of you who are participating and/or assisting with the preparation for this visit.
- Ms. Petion also stated that the annual meeting for the Planning Committee of the Joint Council to review the Implementation Report of the FY 2014 State Mental Health Plan will take place on November 19, 2014, immediately after this meeting, from 11:00am to 1:00pm in the first floor conference room of the Dix Building. The materials to be reviewed consist of: the final status reports on the strategies accomplished during the FY 2014 fiscal year and elements of the Mental Health Block Grant Implementation Report. The Mental Health Block Grant Implementation Report, which is due to SAMHSA-CMHS on December 2, 2014, will be submitted by the end of November.
- Leading up to January 1, 2015, ValueOptions® Maryland (VO) will host regional forums to introduce providers to the ASO team, update stakeholders on the implementation process, and training opportunities. Information will be posted on the VO website at http://maryland.valueoptions.com/

THE DIRECTOR'S REPORT:
Lisa Hadley, M.D., Medical Director, BHA provided the following Director's Report in the absence of Executive Director, Brian Hepburn:

Behavioral Health Integration (BHI):
As the process continues to move forward, on January 1, 2015, ValueOptions® Maryland (VO), the ASO will begin to manage the mental health and substance use behavioral health system. It will manage utilization and reimbursement for Medicaid services in the Public Behavioral Health System. This includes mental health and substance use

services, as well as services for eligible uninsured individuals. Substance use services that were once administered through MCOs (including partial hospitalization) will now be under the purview of the ASO. The largest adjustment is for substance use providers who will no longer provide care through the managed care organizations (MCOs) but will become fee-for-service providers. Local jurisdictions will no longer manage the grant funding as before. Also, individuals who are uninsured must now also meet certain criteria rather than rely on coverage through grants. Other uninsured individuals who do not meet that criteria will remain under grant funds until July 2015.

Attention is paid to issues of parity between mental health and substance use as well as between behavioral health and somatic areas. A series of stakeholder meetings have been held to gather feedback and address concerns and a list of Frequently Asked Questions (FAQs) are posted on the ValueOptions® Maryland Web site at http://maryland.valueoptions.com/ .

New Governor
Maryland will have a new Governor in January. No immediate changes are expected since the current budget is unaffected.

PRESENTATION – SUBSTANCE USE DISORDER 101 – OVERVIEW OF SERVICES – Lisa Hadley, M.D., Medical Director, BHA and Michael Baier, Office of Overdose Prevention, BHA
Overview of addiction treatment in Maryland's behavioral health system of care Introduction of basic terminology such as:

- Use of SUD – substance use disorder or SRD – substance related disorder
- Use of withdrawal management rather than "detox"

These terms are used in the updated DSM IV.

Maryland uses Multi-dimensional Assessment Levels of care (1-6) established by the American Society of Addiction Medicine (ASAM) criteria - the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. The criteria for the most appropriate level of treatment covers half-way houses, to outpatient, to partial hospitalization, to inpatient treatment levels. This is comparable to mental health appropriate levels of care. Also, withdrawal management can span from ambulatory without extended monitoring to intensive, medically managed inpatient withdrawal.

Among other Screening tools – Screening, Brief Intervention and Referral to Treatment (SBIRT) is most widely recommended. SBIRT is an evidence-based approach to screening and providing early intervention to patients at risk for substance use and mental health disorders. This summer, Maryland DHMH Behavioral Health Administration (BHA) was awarded a five-year, $10 million grant from Substance Abuse Mental Health Services Administration (SAMHSA) to hire a professional to oversee the implementation of SBIRT services in community health centers across Maryland.

Many types of addictions, including alcohol, tobacco, and gambling contribute to substance use disorders in need of treatment in the Maryland system of behavioral health care. A list of various drugs and other sources of addiction can be found in the DSM IV. Some of the main concerns are with those substances, such as methamphetamine, cocaine, heroin, and others that can cause overdose deaths, particularly opioids, drugs that act on the nervous system to relieve pain. However, there is an unfortunate cultural shift of overprescribing opioids, such as OxyContin, Percocet, and codeine, to medicate/relieve pain. Continued use and abuse of opioids can lead to physical dependence and severe withdrawal symptoms.

Medication treatment options for opioids and other sources of addiction include treatment services delivered through venues such as doctors' offices or attendance of a medication-based dispensed program (such as methadone – known as Opioid Treatment Programs or Narcotics Treatment Programs), and, rarely, prescribed take-home medication.

Among the medications used to treat SUD (in some cases acting as a safer substitute or a blocker of effects) include:

- Methadone – opioid use disorder (too often overprescribed for pain)
- Buprenorphine – opioid use disorder
- Buprenorphine/naloxone combination– opioid use disorder
- Vivitrol – opioid use and alcohol use disorders
- Fentanyl – a synthetic opioid (unfortunately being illicitly and inappropriately sold on the streets)
- Acamprosate – alcohol use disorder
- Disulfiram – Antabuse (alcohol use disorder)
- Smoking cessation products

Prevalence/statistics were discussed such as:

- drug poisoning deaths twice as prevalent as motor vehicle accidents deaths
- increase in heroin use in Maryland and across the nation
- There has been a 32% increase in heroin deaths since 2011 – mostly due to a cheaper and more potent version being available on the street
- Many substance use related deaths are multi-drug involvement – 95% involve heroin
- There is an increase in overdose incidents involving a heroin and alcohol combination
- Most overdose deaths occur among individuals 40-50 years old age range

Additional statistics and charts are in the attached handout.

Maryland actions toward prevention of overdose incidents:

- Recently, more focus on Prevention – Governor O'Malley's June 2014 Executive order established the Overdose Prevalence Council to advise and assist in establishing a coordinated, statewide effort to reduce the number of fatal and non-fatal overdose incidents. Council comprised of state agencies, NIMS, courts, etc.
- Data initiatives to capture - State's Medical Examiner identifying and capturing overdose deaths, data-base created within DHMH's virtual data unit, released annual reports and quarterly updates, etc.

- Opioid Overdose Prevention Plans – Statewide and local
- Public Health Interventions such as the overdose prevention program

Overdose Prevention Program

- Prescription Drug Monitoring Program – secure electronic database with information on the prescribing and dispensing of controlled dangerous substances (CDS) including identifying information for drug, patient, prescriber and dispenser for each CDS dispensed.
- Naloxone – opioid antagonist medicine long used in emergency medicine to quickly and safely reverse opioid overdose and restore breathing. Good Samaritan immunity
- Overdose Response Program – began in March 2014 to allow 3rd party (lay person) to be trained on overdose recognition/response with naloxone.
- State Education Campaign – launched summer 2014 - Be a Hero, Save a Life
- Local Overdose Fatality Review Teams – multi-agency/multi-disciplinary – identifies missed opportunities or system gaps. Began in 3 jurisdictions, expanding to 17.
- CDS Emergency Preparedness Plan – plan to respond to emergency situations created by abrupt cessation of CDS prescribing or dispensing venue; facilitation of "bridge" care

COUNCIL BUSINESS/UPDATES:

- Herb Cromwell informed the Council of a policy issue of concern. CMS in monitoring Maryland's programs has noted that Maryland pays a higher reimbursement rate for child and adolescent psychiatric rehabilitation program (PRP)/outpatient services than the Medicare rate and has required Maryland to lower the rates. Maryland pays higher rates for child and adolescent services because the services require more time and resources and must also involve the family/caregiver in the process. Also, Medicare is not involved in child and adolescent services so it is unclear how the current rate is out of compliance. Many providers would have difficulty continuing these services if required to reduce to the adult rate. There is much support from the Department to resolve this issue. The Council passed a motion to allow a letter to be sent if meetings between advocacy and CMS are not successful in overturning this recent ruling. Mr. Cromwell will continue to monitor this process.

- The Joint Council Membership roster was circulated for members to update their contact information.

The meeting was adjourned.
The Joint Council will meet in December as a Combined Council with SDAAC.